FORM #3710
PM USA 11/86
COMP A50 (4)

PHILIP MORRIS U.S.A.
VENDOR UPDATE SHEET
Please Print or Type All Information

ADD	
CHANGE	✓

ACCTG. USE ONLY

VENDOR NUMBER: 3

1. VENDOR NAME: Henry Cardenas & Associates (31) (FOR AVA 01 & AVB 01)

   STREET: 1254 N. Wells Street (31)

   ADDITIONAL ADDRESS INFORMATION: _____ (31)

   _____ (31)

   CITY/STATE: Chicago, IL (25)

   ZIP CODE: 60610 (9)

2. PAYMENT ADDRESS, IF DIFFERENT FROM ABOVE:

   NAME: _____ (31) (FOR AVB 01 ONLY)

   STREET: _____ (31)

   ADDITIONAL ADDRESS INFORMATION: _____ (31)

   _____ (31)

   CITY/STATE: _____ (25)

   ZIP CODE: _____ (9)

3. STATE CODE: IL (2)
4. CONTACT NAME (IF KNOWN): _____ (20)
5. PHONE INCLUDE AREA CODE: (IF KNOWN) _____ (12)
6. PAYMENT TERMS: (I.E. 1% 10 NET 30) _____
7. INCORPORATED (Y/N)?: Y
8. TAX I.D. OR SOCIAL SECURITY NUMBER: 36-3130569 – –
9. MINORITY VENDOR (Y/N)?: Y
10. MINORITY VENDOR INDICATOR: 2 (1)
11. REQUESTED BY: _____ DATE: _____

    ENTERED BY (ACCTG. DEPT.): _____ DATE: _____

    APPROVED BY (ACCTG. DEPT.): _____ DATE: _____

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*NUMBERS IN BRACKETS INDICATE THE MAXIMUM SPACE FOR EACH FIELD.

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